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## **Contact Note Checklist**

	ember: Document all contacts made and all activities completed with or on behalf of hild and family.	Formatted: Font: 11 pt
	and tarning.	
Conte		
For a	Il contact notes:	
	Child's first and last name - on the note or the page	
	Type of service provided (e.g., service coordination, physical therapy, etc.)	
	Type of contact (e.g., phone, face-to-face, mail, etc.)	
	Date of contact note	
	Length of the session/contact/activity in minutes	
	Date of service/contact (if different than date of note)	
	Location/setting in which the service was provided	
	Signature of provider (at least first initial and last name; handwritten or electronic, no	
	stamp)	
П	Title of provider	
Ē	Date of provider signature (should be date the note was written)	
or c	ontact note on a service session with child and family, must also include:	
	Who was present (The note must specify that the child was present if billing DMAS)	
	(including child)	
	A narrative that includes the following:	
	☐ Information from family/caregiver about what has happened since last session	
	including progress on joint plan developed at previous session	
	What the provider did during the session including interventions/methods	
	What the family/caregiver did during the session	
	What the child did during the session, including specifics about what the child did	Formatted: Indent: Left: 0.5", First line: 0"
	in relation to the IFSP outcomes and/or short-term goals	Formatted. Indent. Lett. 0.3 , First line. 0
	Suggestions for follow-up during daily routines, including	
	Support and instruction provided for the family	
	Any adjustments needed to intervention strategies and activities	
	Sufficient information to allow the reader to know what occurred during the	Formatted: Indent: Left: 0.5", First line: 0"
	session and what support and suggestions were provided for follow-up during daily	Formatted: Indent. Left. 0.5 , First line. 0
	reutines	
	Details of how the provider supported the family/caregiver in a routine or	
	activity related to goals and outcomes; strategies practiced and child's	
	response.	
	Specific examples of how the family/caregiver participated in the	
	session including strategies practiced with the child and the child's	
	response.	
	Ongoing Assessment: documentation of child's skills observed and/or	
	reported by family/caregiver including:	
	Child's progress in relation to the IFSP outcomes/ short term goals.	
	New functional skills (if any) in any of the three global outcome	
	areas.	
	Documentation of joint planning for implementation of strategies and supports	Formattad. Indent: Left: 0.5" First line: 0"
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	between visits during the family/caregiver daily routines and activities	
	Plan for next contact	
	amiles accordination contact note must also include:	
-or s	service coordination contact note, must also include:	
$\Box$	Short-term Service Coordination goal(s) that is being addressed; progress toward goal(s)	

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include the length of the contact or activity (in minutes).

Other:	Handwriting is legible Language used can be understood by all team members, including the family.  Events and observations are recorded in a factual, non-judgmental way Information is presented in a positive manner Note is completed within 5 business days of contact  Errors on handwritten notes are corrected by a single line through incorrect information, citing date of the correction and initials of reviser then adding correct information. Errors in electronic documentation are corrected by following agency requirements or using strike-through and providing the date and initials of the reviser. White-out, or any other means of correction other than that described here, may never be used to change the contact note.